

PO Box 763 280 Main Street, Suite 14 Hill City, SD 57745 Office: 605.390.8791

403 National Street, Ste 1 Rapid City, SD 57702 Office: 605.390.8791

Communication by Email, Text Message, and Other Non-Secure Means

It may become useful during the course of treatment to communicate by email, text message or other electronic methods of communication. Be informed that that these methods, in their typical form, are not confidential means of communication. If you prefer to use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other device that you use to read and write messages
- Your employer, if you use your work email to communicate with Suzette Wasvick
- Third parties on the Internet such as server administrators and others who monitor Internet traffic
- If there are people in your life that you don't want accessing these communications, please talk with Suzette Wasvick about ways to keep your communications safe and confidential.

CONSENT FOR TRANSMISSION OF PROTECTED HEATLH INFORMATION BY NON-SECURE MEANS

I consent to allow Suzette Wasvick to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings and other appointments
- Information related to billing and payment (including diagnostic and service codes required for insurance claims where applicable)

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sigh this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

I prefer to be notified for my appointments by:		
Text Email	Voice	
Signature:		Date:
Signature of Guardian:		Date: